Pediatric Respiratory Emergencies: Asthma

I. All Provider Levels

1. Follow General Patient Care guidelines in section A1.

2. If no breathing is present, then position the airway and start bag valve ventilations using 100% oxygen.

   A. Refer to the vital signs chart for appropriate rates.

3. If the airway cannot be maintained, initiate advanced airway management using a combi-tube.

> ***Note Well:*** *Do not use a combi-tube on a patient younger than 16 years of age or less than 5-feet tall.*

> ***Note Well:*** *The EMT-I and EMT-P should use ET intubation.*

4. If the patient shows signs of respiratory distress or respiratory failure together with clinical evidence of bronchospasm or a history of asthma

   A. Administer 2.5 mg albuterol in 3 cc of saline via nebulizer over a 10-15 minute period.

   B. If these respiratory findings persist, repeat 2.5 mg of albuterol via nebulizer once for a total of two nebulizer treatments.

> ***Note Well:*** *Do not delay transport to administer medications.*

> ***Note Well:*** *ALS Providers may administer an additional 2.5 mg albuterol (for a total of 3) if patient continues to exhibit significant respiratory distress and shows no improvement from initial nebulizer treatment.*

I. All Provider Levels (continued)

5. If breathing is adequate, place the child in a position of comfort and administer high flow, 100% oxygen.

   A. Use a non-rebreather mask or blow by as tolerated.

6. Consider initiating IV access of normal saline at a KVO rate.

Note Well: *BLS Providers cannot start an IV on a patient less than eight years of age*

Note Well: *An ALS unit must be en route or on scene.*

Note Well: *If IV access cannot be obtained, ALS Providers may contact Medical Control to establish IO access.* ***Do Not Delay Transport.***

7. Call for ALS support if not en route or on scene.

   A. Initiate care and do not delay transport waiting for an ALS unit.

8. Assess vital signs.

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II. Advanced Life Support Providers

1. If the patient shows signs of severe respiratory distress or respiratory failure together with clinical evidence of bronchospasm or a history of asthma and inadequate ventilation;

   A. Administer 0.01 mg/kg (maximum single dose of 0.3 mg) epinephrine 1:1000 SQ.

2. If the patient continues to show signs of respiratory distress or respiratory failure together with clinical evidence of bronchospasm or a history of asthma and inadequate ventilation;

   A. Administer 2.0 mg/kg methylprednisolone IV or IM (*Med Control Option Only*)

3. Initiate cardiac monitoring.

Transport Decision

1. Contact Medical Control for additional instructions.

2. Initiate transport to the nearest appropriate facility as soon as possible.

3. Perform focused history and detailed physical exam en route to the hospital.

4. Reassess at least every 3-5 minutes, more frequently as necessary and possible.

IV. The Following Options are Available by Medical Control Only

1. Methylprednisolone, 2.0 mg/kg, IV or IM.
2. Additional treatments of Albuterol, 2.5 mg in 3 cc of saline via nebulizer.
3. IO access for patients greater than 6 years of age.

This protocol was developed and revised by Children's National Medical Center, Center for Prehospital Pediatrics, Division of Emergency Medicine and Trauma Services, Washington, D.C.